

Health care professionals can access the patient financial assistance application on our network website by clicking below:

WEB APPLICATION ►

My patient has been diagnosed with a blood cancer or blood disorder



YES

My patient is being seen at a U.S. transplant center or hospital



YES

The household income doesn't exceed the financial guidelines in Table A



NO

Your patient does not qualify at this time



YES

Pick the path that best describes where your patient is currently at in the transplant journey

TABLE A:

The monthly household income must not exceed 350% federal poverty line

Poverty Guidelines (Monthly)	
Persons in Household	350%
1	\$3,722
2	\$5,028
3	\$6,335
4	\$7,642
5	\$8,948
6	\$10,255
7	\$11,562
8	\$12,868

Pre-transplant

My patient is pre-transplant and has a formal search through the NMDP/Be The Match Registry with the intention to move forward with an allogeneic transplant that is facilitated by NMDP/Be The Match (related or unrelated)

Post-transplant

My patient had an NMDP/Be The Match facilitated related or unrelated donor transplant within three years of application submission date

Chronic GVHD

My patient had an NMDP/Be The Match facilitated related or unrelated donor transplant, is at least 90 days post-transplant and actively being treated for chronic GVHD

Clinical Trial

My patient is enrolled or in the process of enrolling in a clinical trial for a blood cancer or disorder and needs assistance covering travel expenses



NO

Your patient does not qualify at this time



YES

Use online application to apply



NO

Your patient does not qualify at this time



YES

Use online application to apply



NO

Your patient does not qualify at this time



YES

Use online application to apply



NO

Your patient does not qualify at this time



YES

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Note: The National Clinical Trial (NCT) identifier # or name of the clinical trial is needed